



<u> </u>		Docke	et No. 2022645-7002452001		
* DEMANDE	Certificate of Mailing/Transmiss	ion (37 C.F.R. § 1.8(a	1)):		
[X] Pursuant to 37	C.F.R. § 1.8, I hereby certify that this paper and all enclosures are blow in an envelope addressed to the Commissioner for Patents, P.O.	peing deposited with the Unite	ed States Postal Service as first class mail on		
Dated: 12-	Name of Person Certifying:  Printed Name: Par	Gam	Holder		
I	N THE UNITED STATES PATENT	AND TRADEM	IARK OFFICE		
Applicant: Filing Date: Serial No.: Title: DYN WARPING	James M. Kates November 13, 2001 10/008,268 AMIC RANGE COMPRESSION US	Assignee: Examiner: Group Art U			
			RECEIVED		
	er for Patents		DEC 0 8 2003		
P.O. Box 1450 Alexandria, VA 22313-1450		Technology Center 2600			
	RESPONSE & FEE T	RANSMITTAL			
Sir:					
In response to	o the Office Action mailed on Novembers:	er 3, 2003, enclos	sed herewith for filing are		
	A Response/Amendment [ ] page(s)	)			
$\overline{\boxtimes}$	A Response to Restriction Requirement		C § 121 [ 1 ] page(s)		
	An Amendment Under 37 CFR § 1.1	11 [ ] page(s)			
	An Amendment Under 37 CFR § 1.1	16 [ ] page(s)			
	Other	[ ] page(s)			
Also include	d are:				
	A Petition for Extension of Time [ ]	months [ ] pa	age(s)		
	Information Disclosure Statement				
	[ ] page(s) of PTO-1449 [ ] co	pies of IDS citati	ons		
П	Applicant(s) claim Small Entity Statu				
	Other:		-		
$\boxtimes$	Return Postcard	······································			
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The	CALCULATIONS							
EXTRA CLAIMS I								
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE			
Total Claims	14-20	40	0	× \$18.00	× \$9.00	\$0.00		
Independent claims	3- 3	5	0	× \$84.00	× \$42.00	\$0.00		
MULTIPLE DEPE	NDENT CLAIM	(S)	<del>.</del>					
☐ Yes· ☑ No			\$280.00	\$140.00	\$0.00			
Petition for Ext	\$0.00							
OTHER FEES _	\$0.00							
	\$0.00							
for time commun  A check  Please c	Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.  A check in the amount of \$ to cover the above fees is enclosed.  Please charge Deposit Account No. 50-2518, Docket No, in the amount of \$ to cover the above-fees. A duplicate copy of this sheet is enclosed.							
	red, or credit	any overpayme	ent to Depo	rge any additiona osit Account No copy of this sheet is	. <u>50-2518</u> ,	ch may		
Docket 1								
Docket DATE:	,	Resp	pectfully s	ubmitted,				
	,	Resp	pectfully si	ubmitted,				

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Registration No.: 37,776